

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
*101006014*  
APPLICANT(S)

FILING DATE

*2/18/05*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1		/				51				
2			/				52				
3			/				53				
4			/				54				
5			/				55				
6			/				56				
7			/				57				
8			/				58				
9			/				59				
10			/				60				
11			<u>/</u>				61				
12			<u>/</u>				62				
13			<u>/</u>				63				
14			<u>/</u>				64				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			3				TOTAL IND.				
TOTAL DEP.			9				TOTAL DEP.				
TOTAL CLAIMS			12				TOTAL CLAIMS				